

PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:	Your Name		
FIRM NAME:	Your Address		
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.:	FAX NO.:		
E-MAIL ADDRESS:			
ATTORNEY FOR (name):			

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara
 STREET ADDRESS: **201 N. First Street, San Jose, CA 95113**
 MAILING ADDRESS: **191 N. First Street, San Jose, CA 95113**
 CITY AND ZIP CODE:

BRANCH NAME: **Family Justice Center**

PETITIONER=Name of person who started this court case*
 RESPONDENT=The other person's name in this case*
 *IF YOU ARE OPENING THIS COURT CASE BRAND NEW, YOU ARE THE PETITIONER
 *IF YOU HAVE A PREVIOUS COURT CASE TOGETHER, LOOK AT WHAT YOUR OLD PAPERS SAY
 *IF YOU HAVE A PREVIOUS COURT CASE AND DON'T KNOW, ASK THE COURT STAFF

PETITIONER:
 RESPONDENT:
 OTHER PARTY/PARENT/CLAIMANT:

INCOME AND EXPENSE DECLARATION CASE NUMBER: COURT CASE NUMBER, if you have one

1. Employment (Give information on your current job or, if you're unemployed, your last job.) Fill in this section about your current job.

Attach copies of your pay stubs for last two months (black out Social Security numbers).

a. Employer:
 b. Employer's address:
 c. Employer's phone number:
 d. Occupation:
 e. Date job started:
 f. If unemployed, date job ended:
 g. I work about _____ hours per week.
 h. I get paid \$ _____ gross (before taxes) per month per week per hour.

Note: If you do not have a job right now, tell the court about the last job you had and when your job ended. If you have never had a job, write "I have never had a job".

(If you have more than one job, attach an 8 1/2-by-11-inch copy of each job. Write "Question 1 - Other Jobs" at the top.) Tell the court about your education including any degrees or licenses you earned

2. Age and education

a. My age is (specify): Your age

b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify): Grade finished

c. Number of years of college completed (specify): Degree(s) obtained (specify): Degree earned

d. Number of years of graduate school completed (specify): Degree(s) obtained (specify): Degree earned

e. I have: professional/occupational license(s) (specify): Licenses earned
 vocational training (specify): Job training completed

3. Tax information

a. I last filed taxes for tax year (specify year): Most recent year you filed taxes

b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name): Check the box that applies to you.

c. I file state tax returns in California other (specify state): Where do you file state taxes?
 Tell the court how many exemptions your claim (f) on my taxes (specify):

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain):

How much do you think the other party earns before taxes and how did you come up with that amount?
IMPORTANT: If you do not put an amount here, the court may not be able to order or modify support.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: Today's Date

Print your name here (TYPE OR PRINT NAME)

Sign your name here (SIGNATURE OF DECLARANT)

PETITIONER'S NAME
RESPONDENT'S NAME
OTHER PARTY/PARENT/CLAIMANT'S NAME
 Petitioner's Name
 Respondent's Name
 Other Parent/Party's Name (if applicable)

CASE NUMBER:
 COURT CASE NUMBER, if you have one

Attach copies of your pay stubs to this form.

Take a copy of your latest federal tax return.

5. **Income** List the amount earned last month only for each item a-l.
 Example: If you made \$2,000 last month in salary, you would fill in \$2,000 in line a.
 In the second column labeled "Average Monthly", add up the amount earned for each line over the last 12 months and divide by 12 to get the average amount earned for that line.
 Example: If you earned \$50,000 in salary over the last 12 months, you will divide that by 12 and the average month salary is \$4,166.

	Last 12 months	Last month	Average monthly
a. Salary		\$2,000	\$4166
b. Overtime pay	\$		
c. Commission	\$		
d. Pensions	\$		
e. Spousal support	\$		
f. Partnership	\$		
g. Per diem	\$		
h. Social Security	\$		
i. Disability	\$		
j. Unemployment	\$		
k. Workers' compensation	\$		
l. Other	\$		

6. **Investment income** (Attach a copy of the statement.)
 a. Dividends/interest
 b. Rental property income
 c. Trust income
 d. Other
 If you receive any income from the sources listed here, fill in the amount earned for "Last Monthly" in column 1 and the "Average Monthly" in column 2.

	Last 12 months	Last month	Average monthly
a. Dividends/interest			
b. Rental property income			
c. Trust income			
d. Other			

7. **Income from self-employment** If you are self-employed: Fill in this section and attach a profit and loss statement for the past 2 years or a Schedule C from your last federal tax return.

I am the owner/sole proprietor business partner other (specify):
 Number of years in this business (specify):
 Name of business (specify):
 Type of business (specify):
 Attach a profit and loss statement for the past 12 months to this form.

Are you a sole owner or are you a business partner?
 How long have you been in business?
 What is the name of your business?
 What type of business do you own?

last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):
 If you had any one-time earnings during the last 12 months, fill in this section.

9. **Change in income** My financial situation has changed significantly over the last 12 months because (specify):
 If you had a major change in income over the past 12 months, explain here.

10. **Deductions**

	Last month
a. Required union dues	\$
b. Required retirement	\$
c. Medical, hospital, dental, vision insurance	\$
d. Child support that I pay for children from other relationships	\$
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*	\$
f. Partner support that I pay by court order from a different domestic partnership	\$
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$

11. **Assets** Fill in this section if you have any of the assets listed here.

	Total
a. Cash, checking, and savings accounts	\$
b. Stocks, bonds, and other assets I could easily sell	\$
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	Petitioner's Name Respondent's Name Other Parent/Party's Name (if applicable)	COURT CASE NUMBER, if you have one
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12. The following people live with me.

Name	Age	How the person is related to me (ex: son)	That person's gross income	Pays some of the household expenses?
a. List anyone who lives with you here, including children, roommates, family etc.	Age	Relationship to each person	How much money does each person earn?	Do any of the people listed help pay household expenses?

13. Average monthly expenses: Estimated expenses Actual expenses Proposed needs

Home: Fill in this section with your own numbers, this is just an example.

(1) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage	\$ 400.00	
If mortgage:		
(a) average principal:	\$ NONE	
(b) average interest:	\$ NONE	
(2) Real property taxes	\$ NONE	
(3) Homeowner's or renter's insurance (if not included above)	\$ 30.00	
(4) Maintenance and repair	\$ NONE	
b. Health-care costs not paid by insurance	\$ NONE	
c. Child care	\$ 500.00	
d. Groceries and household supplies	\$ 300.00	
e. Eating out	\$ 100.00	
f. Utilities (gas, electric, water, trash)	\$ 150.00	
g. Telephone, cell phone, and e-mail	\$ 80.00	
i. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)	\$ 60.00	
m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)	\$ 50.00	
n. Savings and investments	\$ 40.00	
o. Charitable contributions	\$ NONE	
p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)	\$ 155.00	
q. Other (specify):	\$	
r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))	\$ 2,035.00	
s. Amount of expenses paid by others	\$ 400.00	

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
Visa	General Purchases	\$ 100.00	\$ 3,000.00	6/2018
Kohl's	Clothing	\$ 55.00	\$ 1,000.00	5/2018
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney: Only complete this section if you had an attorney and want the other party to pay for your attorney.

a. To date
b. The other party
c. I still owe
d. My attorney

I confirm this fee is reasonable.

Date: Date your ATTORNEY signs form

Your ATTORNEY prints his/her name here Your ATTORNEY signs his/her name here

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

PETITIONER:	Petitioner's Name	CASE NUMBER:	
RESPONDENT:	Respondent's Name	COURT CASE NUMBER, if you have one	
OTHER PARTY/PARENT/CLAIMANT:	Other Parent/Party's Name (if applicable)		

Only fill out this page if you have children with the other person in this case.

16. Number of children

How many children you have together?

a. I have (specify number): children under the age of 18 with the other parent in this case.

b. The child(ren) spend with each parent. If you are unsure of the percentages, describe your schedule here.

For example: The children live with me and are with the other parent every 1st and 3rd weekend from Friday at 6pm to Sunday at 6pm.

17. Children's health-care expenses

a. I do I do not have health insurance to me for the children through my job.

Check one

b. Name of insurance company: c. Address of insurance company: If you checked "I do", fill in the name and address of your insurance company and how much it costs.

d. The monthly cost for the children's health insurance is or would be (specify): \$ (Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training \$
- b. Children's health care not covered by insurance \$
- c. Travel expenses for visitation \$
- d. Children's educational or other special needs \$

Fill in items a-d if applicable

Fill in items a-c and describe the hardship below, if applicable

19. Special hardships. I ask the court to consider the following special financial circumstances (attach documentation of any item listed here, including court orders):

- | | Amount per month | For how many months? |
|-----------------------------------------------------------------------------------------------|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b | \$ | |
| b. Major losses not covered by insurance (examples: fire, theft, other insured loss) | \$ | |
| c. (1) Expenses for my minor children who are from other relationships and are living with me | \$ | |
| (2) Names and ages of those children (specify): | | |
| (3) Child support I receive for those children | \$ | |

The expenses listed in a, b and c create an extreme financial hardship because (explain):

20. Other information I want the court to know concerning support in my case (specify):

Write any information here that you want the court to know regarding child support in this case.